医马勒氏 医多种医多种

FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

1005 OCT 20 A 9 00

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines.		12FE4M5	
A.Q.	DRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION N	·	EE		ALENDED	ZIP CODE A DISTRICT
	C 0 0 2 5 7 9 1	_2. N	STHIS XX NI REPORT (N	ew) OR	AMENDED (A)	لــا لــا
4.	TYPE OF REPORT (Ch. (a) Quarterly Reports: April 15 Quarterly For Section 15 Quarterly For Sec	Report (Q1) Report (Q2) Report (Q3) Report (YE) (c) 30	Primary (1 Convention	2P) n (12C) Report for the:	General (12G) Special (12S) Runoff (30R)	Runoff (12R) in the State of (30S) in the State of (30S)
5.	Covering Period 0 7	M / O 1 / 2 O	0 5 throug	h 0 9 '	3 0 2 0) 0 5
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer ROBERT F. KOVACH						
Signature of Treasurer Signature of Treasurer						
<u> </u>	Office Use Only	Subject into in protect in the interest in the	man may subject the	portion organing trits	F	EC FORM 3 Revised 02/2003)